

disclaimer



IMPORTANT NOTICE UNDER FLORIDA STATUTE LAW 458320 PLEASE READ THIS IMPORTANT DOCUMENT AS THESE ARE YOUR RIGHTS UNDER FLORIDA STATUTE LAW 458.320

Dear Patient:

Under Florida law Statute (458.320 F.S.), physicians are generally required to carry medical malpractice insurance or demonstrate financial responsibility to cover potential claims for medical malpractice. I HAVE DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This is permitted under Florida law under certain conditions. Florida law imposes penalties against non-insured physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is provided pursuant of Florida law statute (459.320 F.S.).

This document MUST BE SIGNED AND WITNESSED before you initiate or continue under the care of Sean A Simon, M.D.

Thank-you.

Sean A. Simon, M.D.

Note: No treatment can be provided by Sean A Simon, M.D. unless this form has been read and signed. This form is provided to protect your rights under Florida Statute 458320.

I, _____, have read this document and acknowledge and understand its contents.

(PRINT FULL NAME HERE)

Signature: _____, Date: _____

Witness: _____, Date: _____

Copy received by patient: _____

COPY OF STATUE PROVIDED ON REQUEST OR SIGNS CONCERNING
THE FLORIDA STATUTE LAW 458320 ARE POSTED IN OUR OFFICE

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